MCH Coordinator FAQs

1/22/13

Table of Contents

MCH Coordinator FAQs

1/22/13

I. Overview of Cost Center 766

1. Why was the 766 cost center created?
   ► The purpose of this cost center is to assist you in funding the staff time for those MCH core services that are not direct patient care/fee for service – e.g., CFR, grief counseling, childhood lead poisoning case management, getting prenatal or pediatric patients into a medical home, etc. It is not intended as a full salary support, but should help cover the staff time used for these MCH activities. Since this is federal funding and you must show an expense to receive it, coding staff time to this will allow you to utilize it consistently.

2. How do we code to these function codes?
   ►The following function codes (Prenatal: 121, Pediatrics: 122, Child Fatality and Injury Prevention: 123, and Childhood Lead Poisoning Prevention: 124) have automatically been added to the CDP Portal system and are available for coding.

3. Is there a "job description" developed for the MCH Coordinator role?
   ►No; MCH Coordinator is not intended to be a full-time position. For technical assistance in developing language that can be utilized within a current "job description", please contact the MCH Coordinator Nurse Consultants listed in section VI "Technical Assistance".

II. Allowable Services for Cost Center 766

1. What costs does the 766 allocation cover?
   ► The *MCH Core Assurance Coordination Guidance Document* identifies the 766 cost allocation covers only staff salary and fringe for the MCH Coordinator role, providing only coordinator functions, not clinical services or clerical duties. Supplies and travel are not to be expensed through 766.

2. Can nurses providing clinical visits code setting up client appointments to 766?
   ► No; making appointments for patients is part of a routine clinical visit and included in the clinical charges. The MCH Coordinator codes their time to set up appointments for clients not there for a clinical visit, but who show up and need help with patient navigation, or need help being linked to a service other than clinical. Think of this as a social worker/case management role, not a clinical role.

3. Is Cost Center 766 the previous 899 (nurses services) cost center?
   ►No; 766 is an additional cost center created specifically for MCH coordination activities. All qualified disciplines are allowed to code time to this CC 766 (Nonclinical RNs, LSWs, RDs with a master's degree, Health Educators with a master's degree in a relevant field, and HANDS supervisors with < 6 FSWs)

5. Can MCH Coordinator "fringe" be coded to CC 766?
   ►Yes, only staff time (salary and fringe) for the MCH Coordinator can be billed to 766. The MCH Coordinator must not be providing clinical services. No clerical staff can code time to this cost center.

6. If the LHD Director of Nursing (DON) is currently providing many of the suggested MCH Coordinator duties, but occasionally provides clinical services, can **she** still code time to 766?
   ►Yes, the DON who is performing MCH Coordinator duties may code time to 766 as long as the duties are clearly defined and are not part of the regular clinic billable service.

7. If the current LHD infrastructure identifies multiple staff members providing the suggested MCH Coordinator duties, and they **do not** regularly provide clinical services, can they continue these duties and **each** code time to 766?
   ►No, in most cases, only one coordinator is defined and may code time to activities. Additional staff must have prior approval from KDPH/MCH. (See Section VI)

8. Can grant writing involving **specific MCH collaborative projects** be coded to 766?
   ►Yes, if approved by KDPH/MCH staff; Only selected MCH grant writing activities can be coded to 766 and topics must receive prior approval from MCH (See Section VI). The grant must address MCH core public health services and include collaborations with at least two community partners. Grant opportunities must have prior approval from KDPH/MCH (See Section VI). Upon approval, only grant writing time may be coded to 766/129; time spent implementing the grant deliverables may not be coded.

II a. Prenatal/Maternity Care Coordination (Function Code 121)

1. Do we code time reviewing the Prenatal Report 439 to 766/121?
   ►Yes, this is included within the scope of work for the MCH Coordinator. Time reviewing the report can be used by LHDs for prenatal tracking purposes and can be coded to 766/121. However, remember any billable clinical services that are PEF'd can not be coded to 766.

2. Do we review the 439 report even if we do not have a comprehensive Prenatal Program "in-house"?
   ►Yes; the Prenatal Report 439 can be used to track positive pregnancies and assure referrals for initial prenatal care.

3. How will clinics that "contract out" services, such as Prenatal, be able to distinguish which duties are the *LHD MCH Coordinator* responsibility and which ones will be the *contracted provider* responsibility?
   ► Contract negotiation is not within the scope of work of MCH Coordinator and is considered a routine activity of the LHD Director; therefore cannot be coded to cost center 766.

LHDs may identify specific deliverables within their contract language or during negotiations with the contracted provider. LHDs are responsible for assuring the patient has begun prenatal healthcare.

4. Is requesting a "no show" list from the contracted OB provider an acceptable practice for LHDs? Can this activity be coded to 766?
   ►Yes, this activity can be coded to 766/121. Not only will it enhance the working relationship between the LHD and Provider, but it will also assist in assuring early and consistent prenatal care.

5. What HANDS services can be coded to 766?
   ►Only LHDs who did not receive HANDS allocations because of a contract with another HANDS provider may code to 766. Home visiting or other HANDS services may not be coded to 766.

6. Can time be coded to 766/121 when LHDs are negotiating with OB providers the contract deliverables for high risk prenatal patient?
   ►No; please see question #2 above.

II b. Pediatric Care Coordination (Function Code 122)

1. If the health educator in a LHD is a registered nurse who also works in clinic part time, can she code time to 766 if she provides a childhood obesity prevention program?
   ► No; doing a childhood obesity program is not a coordination or case management activity. A childhood obesity program would be a community health education program and should be coded to 818.

2. Can you code time referring children to a dentist or medical doctor to 766?
   ►No; referrals for a medical home generally occur during the routine part of a Well-Child exam. However, if someone calls the LHD seeking additional pediatric services in your community, you may code referrals to 766/122.

3. Can we code time to 766 referring patients to smoking cessation during a well-child visit?
   ►No; this is an activity that is part of the well-child visit

4. Can school nurses code time to 766/122 for collecting BMIs on students when it involves collaborating with community partners (e.g. YMCA) on obesity initiatives?
   ►No, school nurses cannot code time for calculating/assessing BMIs.

5. If the LHD educates, formulates, or orchestrates anything dental for kids and providers, is this acceptable to code to 766?
   ► General education or activities would not be part of MCH coordination, and should be coded to CC 818 or oral health activities to CC 712

MCH Coordinator FAQs

1/22/13

II c. Child Fatality and Injury Prevention (Function Code 123)

1. If the MCH Coordinator goes to a CFR meeting, can she code time to 766?
   ►Yes; if she is the MCH Coordinator or CFR Coordinator, then she may code her attendance and travel time only. However, travel expenses (i.e. mileage, lodging, meals, etc.) may not be coded to 766.

2. Can we code a bicycle safety presentation/activity at a Health Fair to 766?
   ►No, bicycle safety presentations are considered community education and can be billed via the supplemental or coded time to 818. However, time planning the event is considered "Injury Prevention" activities and can be coded by the MCH Coordinator to 766/123.

3. Can editorials or featured segments in the local newspaper informing of statistics and LHD activities towards Injury Prevention be coded to 766?
   ►No; writing the article and "coverage time featured" is considered a community health education media related activity and should be coded to 818. However, time researching statistics can be coded to 766/123.

4. Can we code Car Seat installation to FC 123?
   ►No, time providing the community event cannot be coded; however, time planning and collaborative efforts with another agency may be coded to 766/123.

II d. Childhood Lead Poisoning Prevention (Function Code 124)

1. Can environmentalists code to 766 if they are following up on lead case management?
   ►No; this is already part of the environmentalist's duties

II e. General MCH Systems of Care (Function Code 129)

1. Do we code statewide forums and/or required trainings specific to MCH Coordination to CC 766?
   ►Yes; only attendance and travel time can be coded to 766/129. However, travel expenses (i.e. mileage, lodging, meals, etc.) may not be coded to 766.

MCH Coordinator FAQs

1/22/13

III. MCH Coordinator Staffing Requirements

1. What employees qualify to be the MCH Coordinator?
   ► Registered nurses who do not work a clinic role; social workers; health educators with a Master's degree in a relevant field; HANDS supervisor if supervising less than 6 FSW's; Registered Dieticians (see #3 for further clarification).

2. How many employees can code to 766?
   ► Only one person should be named the MCH Coordinator. Depending upon individual LHD structure, occasionally other staff within the qualified list may perform coordinator duties and code to 766 as long as they are only performing coordinator duties and not in a clinical role. It may be necessary to have more than one MCH Coordinator in a district HD to cover a region. Any staff other than the identified MCH Coordinator must receive prior approval from MCH before coding time to 766 (See Section VI).

3. Why must the MCH Coordinator not be in a clinic role?
   ► Due to federal restrictions on use of the MCH Block Grant funds, the allocation for clinical billing must be used only for assurance of MCH activities and not indirect costs. It is kept separate because it cannot be used to provide direct clinical services. If the MCH Coordinator is performing clinical activities as well as care coordination services, there is more likely to be duplication of billing and errors that can adversely affect a LHD's reimbursement.

4. Can a Registered Dietician (RD) be the MCH Coordinator?
   ► Yes; if the RD in a LHD is familiar with referral/community resources and only codes their time on designated coordinator activities to the 766 cost center. The RD cannot code the duties they already perform in the RD role, such as counseling a family on pediatric obesity and referring to local resources, to the 766 cost center.

5. Can a Program Manager who is a Medicaid billing specialist be the MCH Coordinator?
   ► No; administrative/support staff cannot code any time to the 766 cost center. Additional staff coding to 766 must receive prior approval from MCH (See Section VI).

6. Can a Certified Diabetes Educator (CDE) be the MCH Coordinator?
   ► Yes; if the CDE meets the MCH Coordinator qualifications, and only codes time performing MCH Coordinator duties.

MCH Coordinator FAQs

1/22/13

IV. Reporting Requirements

1. Are there specific reporting requirements for the MCH Coordinator?
   ► Yes; the MCH Coordinator is responsible for assuring the following forms are submitted: CFR Team reporting forms, grief counseling forms, and Lead Case Management tracking forms. The MCH Coordinator is also responsible for reporting MCH Coordinator activities in Catalyst. (Refer to the MCH Core Assurance Coordination Guidance Document).

2. How do MCH Coordinators identify what reports are needed for utilization review?
   ► LHDs routinely monitors the Prenatal 439 E-Report for prenatal services. Contact your LHD Director of Director of Nursing for access.

3. Is there a current report from CDP that lists PE participants?
   ►Yes, the 439 report lists all Medicaid and PE recipients as "Payor code 2".

4. Is there a Well Child Program log?
   ►No, currently the Well Child program does not require additional reporting other than the documentation of MCH Coordination activities in Catalyst.

V. Training

1. Is there training available for the MCH Coordinator?
   ► No; the activities performed by the MCH Coordinator are activities that the health departments already do as outlined by the specific MCH program requirements. LHDs will be informed of any updates and/or trainings on an "as needed" basis.
2. What opportunities have there been for LHDs to learn more about the MCH Coordinator role and Cost Center 766 deliverables?
   ► MCH has held five "round-table" forums across the state to discuss the recent shift in delivering core public health services and how the "Do or Assure" model impacts the deliverables for all Maternal and Child Health programs. During these forums LHDs were given opportunities to share how they have adapted their practice to meet this model and provide suggestions towards the development of the MCH Coordinator role. (See "MCH Coordinator Forum Notes")

3. Where can I locate information regarding MCH Coordinator?
   ► The "MCH Coordinator Guidance Document", "FAQs", and quarterly newsletter, "*The MCH Connection"* can be found on the KDPH/MCH/CFHI website:
   http://chfs.ky.gov/dph/mch/cfhi/

MCH Coordinator FAQs

1/22/13

VI. Technical Assistance

Technical assistance is available upon request to Emily Anderson at 502-564-2154 x 4408 emilya.anderson@ky.gov or Shelley Adams x4405 shelley.adams@ky.gov